

SIP Cover Sheet

| California's Child and Family Services Review System Improvement Plan | |
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| County: | San Mateo |
| Responsible County Child Welfare Agency: | Human Services Agency |
| Period of Plan: | 10/2004 – 9/2005 |
| Period of Outcomes Data: | Quarter ending June 30, 2003 |
| Date Submitted: | September 30, 2004 |
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| Signature: | |

I. SIP NARRATIVE

1. PARTICIPATION OF LOCAL PLANNING BODIES

The following local planning bodies participated in the preparation of San Mateo County's Self Assessment and System Improvement Plan:

Child Welfare Services Redesign Oversight Committee

The Child Welfare Services Redesign Oversight Committee sets the direction for child welfare systems improvement in San Mateo County by assuring the C-CFSR and Child Welfare Services Redesign, the state's two strategies for improving child welfare outcomes, are implemented in an integrated effort. Its members are leaders of organizations and other individuals who are partners mandated and recommended by the state to participate in planning and implementing the C-CFSR and Child Welfare Services Redesign. Committee membership includes: County Board of Supervisors (committee co-chair), County Manager, Health Department, County Mental Health Department, CWS Administrators, Managers, and Social Workers, Foster, Kin and Birth Parents, Foster Youth, Local Education Agency, Probation Administrators, Supervisors, and Officers, Court Appointed Special Advocates, County Alcohol and Drug Department, Labor, Law Enforcement, Local representatives of children and parents, Local Juvenile Court Bench Officers, District Attorney, County Counsel, Private Defender, County Children and Families Commission, County Welfare Department, Domestic Violence Prevention Provider, Economic Development Agency, Local Child Abuse Prevention Council, Local Workforce Investment Board, Local Public Housing Authority, Other Service Providers, Special Education Local Planning Area(s), Peninsula Community Foundation (co-chair).

Redesign Oversight Committee members either participated directly or designated staff to participate in three design teams which met in July and August 2004 to develop the specific content of the SIP. The Redesign Oversight Committee approved the draft SIP for submission to the Board on September 2, 2004.

Many members of the Redesign Oversight Committee are also members of other planning bodies that support collaboration among children's service providers, including:

Children's Collaborative Action Team

The Children's Collaborative Action Team (CCAT) is the designated representative of the Child Abuse Prevention Coordinating Council of San Mateo County. It is an independent organization within San Mateo County Government, and an advisory board with members that include directors from public agencies, education, community-based organizations, and parents from the community. The collaborative provides leadership, guidance and advocacy for services to prevent child abuse and neglect.

- **The Family and Community Advisory Committee (FCAC)** is a permanent subcommittee of CCAT and a forum to obtain feedback on county provided services and community needs from parents and other concerned community members across San Mateo County.
- **The Citizen's Review Panel (CRP)** is a permanent subcommittee of CCAT and a forum for autonomous community guidance on county provided services and community needs

Adolescent Collaborative Action Team

The Adolescent Collaborative Action Team (ACAT) was established to provide a collaborative infrastructure for networking and coordinating services for adolescents. ACAT is comprised of county agencies, non-profits, and community members which specifically serve adolescents. ACAT is currently co-chaired by the HSA Adolescent Services Manager and the Workforce Investment Board Program Manager.

Fatherhood Collaborative

The mission of the Fatherhood Collaborative of San Mateo County is to engage parents, providers, employers and the broader community to better understand the importance of men and fathers' contribution to children's healthy growth and development. In partnership with the National Family Preservation Network and with additional funding from the Stuart Foundation, the collaborative is implementing strategies to increase the involvement of fathers in the lives of children in the child welfare system.

Peninsula Partnership for Children, Youth and Families

The Peninsula Partnership for Children, Youth and Families has a 16-member, county-wide Partnership Council consisting of key stakeholders, including a County Board Supervisor, the President and CEO of the Peninsula Community Foundation, business leaders, the directors of major County agencies such as Health Services and Human Services, educators and representatives from local nonprofit agencies. Local Partnership collaboratives consist of school district, city government and community based agencies. The Human Services Agency serves on the county-wide and all the local collaboratives.

TANF Planning Council

The TANF Planning Council guides allocation of funds made available by the Comprehensive Youth Services Act, which authorizes the Probation Department to expand and develop community-based, family focused prevention and early intervention services to at-risk youths and their parents. Probation's TANF expenditure plan allocates funding for county departments and community-based organizations to offer school-based services to the County's middle and high schools.

2. FINDINGS THAT SUPPORT QUALITATIVE CHANGE

Data collection conducted for the Self Assessment assisted in the qualitative analysis of child welfare practices, such as customer service, family assessment, case planning, and other dimensions of Systemic Factors reviewed in the course of preparing the Self Assessment and System Improvement Plan. Primary data collection was conducted through interviews (telephone and in person), small group discussions (focus groups), staff meetings, and facilitated community forums. Reports based on CWS/CMS data and generated by the Agency's data warehouse also assisted in the analysis of qualitative practice.

This section summarizes the data collection methods used, responses received, results, and how the findings have been integrated in the SIP. All data collection and analysis was coordinated and/or undertaken by HSA's SIP/Redesign Project Director/Research and Planning Manager and her staff, with the exception of material provided directly by the Probation Department. All data obtained from participants in interviews, focus groups, meetings, and community forums were hand recorded, transcribed, and returned to participants for their review and approval prior to incorporation into the Self-Assessment and SIP. These data were analyzed and synthesized into the feedback statements and recommendations contained in the Self-Assessment.

A. Interviews and Small Group Discussions (focus groups)

Interviews and Small Group Discussions were conducted for mandated or recommended Self-Assessment partners whose schedules did not permit them to attend community forums or other group meetings, or for whom it made sense to conduct an individualized data collection process.

Target Audience: Three main groups of partners fell into this category: members of the Redesign Oversight Committee, parents (foster, kin and birth), and foster youth. Interview schedules were developed to address aspects of Systemic Factors with which the target group was most likely to be familiar. For example, interview schedules for members of the Oversight Committee involved in child welfare legal and law enforcement operations were asked about aspects of the Case Review System, Foster/Adoptive Parent Licensing, Recruitment and Retention, Quality Assurance, Service Array, Staff and Provider Training, and Agency Collaborations. Interview schedules for birth parents and foster youth focused on Case Review System, Quality Assurance, Service Array, and Agency Collaborations.

Responses: All members of the Redesign Oversight Committee who were contacted agreed to participate in an in-person interview or small group discussion with the SIP/Redesign Project Director and Director of Children and Family Services. They included the Juvenile Court Judges, the Sheriff, and the CASA and First 5 Directors. Ten of 16 birth parents contacted participated in telephone interviews with a trained staff member of the Agency's Research and Planning Unit, and 6 of 9 foster youth contacted agreed to participate in an interview with a social worker in the Independent Living Skills program. A general invitation to the Foster Parent focus group was mailed to all foster parents and followed by telephone calls; in addition, the board of the Foster Parent Association was asked for assistance in publicizing the Foster Parent focus group. Twelve parents participated in this three hour Saturday morning session (breakfast and child care were provided).

Results: Results of interviews and focus groups are summarized below. More specific content is set forth in the Self-Assessment document.

Redesign Oversight Committee members: The interviews resulted in issue specific recommendations for improvements in qualitative practices, primarily in the areas of communication among stakeholders, joint training, court processes, family and youth engagement in case planning, and developing or enhancing access to specific family support resources.

Birth Parents: Interview data with birth parents generated recommendations for improvements in the area of customer service (more respectful treatment by the court and social workers), participation in case planning (better understanding of requirements), and available prevention and reunification supports (services promoting more effective parenting practices). Birth parents see a need for legal consultation and personal development resources such as counseling, anger management, and substance abuse services. Parents also recommend more frequent contact and communication with social workers.

Foster Youth: The interviews with youth generated information focusing primarily on their relationships with families and opportunities to determine their own direction and provide input in how they should be treated by adults while in foster care.

Foster and Kin Parents: The foster and kin parent focus group yielded valuable insight into Agency practice with respect to customer service, case planning processes, recruitment and retention strategies, and the service array. Foster families seek greater levels of respect and recognition as full partners in making determinations regarding children in their care, and additional support services and resources. They also recommend greater consistency in the level of skill and knowledge demonstrated by social workers, in their case assignments, and in foster parent reimbursement, as well as ongoing and respectful communication.

Integration of Results in the SIP

- Bottom of the SIP Template under *systemic changes, educational/training needs*.
- Safety Outcome 1: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestones 1.2.2, and 1.2.3; Strategy 1.3, Milestone 1.3.2; Goal 2.0, Strategy 2.1, Milestones 2.1.1, 2.1.2, and 2.1.3.
- Permanence Outcome 3: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestones 1.2.1, 1.2.2, and 1.2.3; Strategy 1.3, Milestone 1.3.1.
- Permanence Outcome 4: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestones 1.2.1, 1.2.2, and 1.2.3; Strategy 1.3, Milestones 1.3.1 and 1.3.2; Goal 2.0, Strategy 2.1, Milestones 2.1.1 and 2.1.2; Strategy 2.2, Milestones 2.2.1, 2.2.2, and 2.2.3; Strategy 2.3, Milestones 2.3.1, 2.3.2, and 2.3.3.

B. HSA Children and Family Services Staff and Probation Staff Meetings

All Children and Family Services staff were afforded the opportunity to participate in the Self-Assessment through a data collection process conducted in unit meetings. Data were also gathered at HSA policy team meetings and at meetings conducted by Juvenile Probation management staff.

Target Audience: Participation was sought from all levels of staff in the Human Services Agency and Juvenile Probation Department. In HSA, a questionnaire (similar to the interview schedules) addressing each Systemic Factor was developed for supervisors to facilitate data collection in unit meetings. The Self-Assessment preparation team assisted Children and Family Services Supervisors in their unit meetings if they requested support. Another questionnaire was developed for HSA's Integrated Services Policy Team, which focused on the Case Review System, Service Array and Agency Collaboration. Probation staff collected data on Systemic Factors relevant to programs and services they provide, particularly those provided in collaboration with HSA.

Responses: All Children and Family Services staff units participated in the data collection effort. Staff unable to attend the unit meeting at which data was collected had the option of providing their responses to the questionnaire directly to their supervisors. Juvenile Probation staff also participated, both in their own departmental meetings and in the Integrated Services Policy Team meeting.

Results: Responses from participants in this category focused on Training, Case Review System, Foster/Adoptive Parent Licensing, Recruitment and Retention, and Service Array. Feedback on court structure, and the relationship between Children and Family Services (CFS) and the Court as well as other participants in the legal process, including attorneys and CASAs, primarily focused on improving communications and operations, and the need to achieve shared understandings of professional roles and responsibilities. Feedback also indicated a need to

develop policies and practices that enhance child, youth, and family involvement in the case planning process. Team Decision Making (TDM) supports family involvement in case planning, but additional supports for attendance and linkages to services were recommended. Approaches suggested to improve permanence outcomes include better assessing children, youth and foster parents' interest in permanent placement, encouraging foster parents to consider Foster-Adopt, and enhancing rental assistance, public service announcements, and recruitment bonuses. Specific recommendations regarding the services array focused on access to and coordination of services for special populations, including vulnerable populations (children 0-5, homeless families) and older adolescents leaving foster care. A cross-cutting issue is the availability of language- and culturally-appropriate services.

Integration of Results in the SIP

- Bottom of the SIP Template under *systemic changes, educational/training needs*.
- Safety Outcome 1: Goal 1.0, Strategy 1.0, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestones 1.2.1, 1.2.2, and 1.2.3; Strategy 1.3, Milestones 1.3.1, 1.3.2, and 1.3.3.
- Permanence Outcome 3: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestone 1.2.1, 1.2.2, and 1.2.3; Strategy 1.3, Milestones 1.3.1, 1.3.2, and 1.3.3.

C. Community Facilitated Discussions

Forums were conducted to obtain feedback from a wide range of community partners and organizations representing the interests and needs of consumers in the communities from which most of the County's child welfare service referrals come. Three separate forums were conducted in high-need communities across the County. The forums began with an overview of the C-CFSR and Child Welfare Services Redesign, and outlined the Self-Assessment and System Improvement Planning processes in an effort to conduct community education as well as collect data.

Target Audience: Members of existing collaboratives focusing on children and youth; nonprofit community-based children's service, domestic violence, mental health, substance abuse, and family service organizations (whether or not they are currently under contract with HSA); offices of city government (e.g., Parks and Rec.); faith-based organizations; school districts; affordable housing and shelter agencies; and staff from the Human Services Agency's child welfare, welfare, alcohol and drug, and housing programs, the Health Services Agency (mental and public health) and Probation Department were invited to attend (for a complete attendance list of the Self Assessment partners, see Attachment 1). Invitations to participate were extended to director level staff or their designees, and encouraged participation of additional program staff, if appropriate. The forums were facilitated by staff from the Peninsula Partnership for Children, Youth and Families and the Peninsula Conflict Resolution Center, and staffed by HSA's Self-Assessment preparation team. A discussion format and list of questions was developed to address relevant Systemic Factors, including Case Review System (specifically case planning processes), Foster/Adoptive Parent Licensing, Recruitment, and Retention, Service Array, Prevention, and Agency Collaboration.

Responses: A total of 75 representatives from partner organizations attended the community forums.

Results: Participants uniformly noted a need for additional community-based resources that support family stability and appropriate permanent placements. Participants highlighted the need for mental health evaluation and treatment and culturally appropriate services. They

prioritized increased access to preventive and supportive services, especially community-based resources for at-risk and vulnerable populations, to enhance families' capacity to care for children. Recommendations included additional educational resources that support development of healthy parenting skills and promote understanding of early childhood development and nurturing developmental assets in children; additional resources for individual and family counseling; and increased affordable housing, child care, and caregiver respite assistance. Increasing information about the availability of existing resources, increasing capacity, and improving coordination of resources were suggested as strategies to increase access to family support services.

Integration of Results in the SIP

- Bottom of the SIP Template under *systemic changes*.
- Bottom of the SIP Template under *educational/training needs*.
- Safety Outcome 1: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestones 1.2.1, 1.2.2, and 1.2.3; Strategy 1.3, Milestone 1.3.1, 1.3.2, and 1.3.3; Goal 2.0, Strategy 2.1, Milestones 2.1.1, 2.1.2, and 2.1.3.
- Permanence Outcome 4: Goal 1.0, Strategy 1.1, Milestones 1.1.1, 1.1.2, and 1.1.3; Strategy 1.2, Milestone 1.2.2; Goal 2.0, Strategy 2.2.

3. SUMMARY OF THE SELF ASSESSMENT: See Attachment 2.

II. SIP PLAN COMPONENTS

Upon reviewing the information contained in the Self-Assessment and the County's quarterly data reports, the CWS Redesign Oversight Committee selected three priority focus areas for this year's System Improvement Plan (SIP). The following priorities were selected based on the state's mandate to effect system improvements that will result in child welfare outcomes meeting or exceeding state performance targets. CWS Redesign sets forth the practice principles that will be applied to this work. San Mateo's priority focus areas for child welfare system improvement planning and implementation activities are:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Systemic Factor E: Service Array

Goal 1: Design and pilot three paths of differential response to reports of child abuse and neglect.

Goal 2: Assure appropriate linkages to mental health assessment and mental health treatment services for children and families.

Permanence Outcome 3: Children have permanence and stability in their living situations without increasing entry into foster care.

Indicator 3F: Rate of Foster Care Re-Entry.

Goal 1: Improve team-based case planning processes.

Permanence Outcome 4: The family relationships and connections of children will be preserved as appropriate.

Indicator 4B: Placement in Least Restrictive Care Setting – Primary Placement

Goal 1: Improve supports for social workers, foster and kin parents, and birth parents to help keep youth in family care placements.

Goal 2: Maintain existing and recruit new foster, kin and adoptive homes.

San Mateo County is performing above the state average on all child safety outcome measures. In addition, San Mateo is performing above the state average on its immediate response process measure (Indicator 2B, immediate response: 96.2% compared to 94% for the last quarter of 2003). San Mateo did not select Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate, Indicators 2B (10 day response) and 2C (timely social worker visits with child), as a focus for improvement planning although data reported by UC Berkeley indicates San Mateo County is performing at a level lower than the state average on these measures. Through its data warehouse, San Mateo County has replicated UC Berkeley's reports for all AB636 indicators so that real-time data are available to guide proactive system improvement efforts. Based on its own data, San Mateo can demonstrate it has already achieved improvement on these indicators.

It was believed San Mateo's lower than state average compliance on Indicators 2B and 2C was related to poor data entry rather than poor social work practices. Improvement actions implemented in January 2004 included:

- Current reports on both indicators by office and unit are distributed to all supervisors on a monthly basis.
- Supervisors received an orientation to the performance expectations outlined in the PIP, SIP, CWS Redesign and C-CFSR.
- Social workers received additional training in the appropriate CWS/CMS documentation of these indicators to eliminate erroneous reporting.
- Corrective action plans are created for each instance of considered non-compliance.

San Mateo is pleased the most current data available (July, 2004) for these indicators reports the 10 day response compliance rate of 89%, one percentage point off the state target, and the timely social worker visit compliance rate of 87%, the same rate as the most recent data available for the state average (December 2003). San Mateo will continue to promote excellence in performance on these process measures and will monitor compliance on these outcomes closely in an effort to increase compliance rates to above 90% over the course of the next year.

The highest priority in San Mateo County's SIP is assuring child safety. HSA and the Health Services Agency share in the commitment to this goal. In the coming year, staff from both agencies will assume joint responsibility for investigating all cases of reported child abuse and neglect involving children aged 0 – 5. Further, all families participating in CWS voluntary services and for whom child abuse has been substantiated will be referred for intensive treatment by a newly created multidisciplinary team staffed by the Health Services Agency. New protocols guiding shared responsibility for assuring child safety are the foundation of the three paths of service response (differential response) that San Mateo will plan and pilot this year. Designing and implementing a system of differential response is intended to increase access to preventive and early interventions that can help families achieve safety, stability, and well-being before violent or abusive behavior becomes so severe it warrants filing dependency, delinquency and/or criminal judicial proceedings or initiating more intensive levels of child welfare systems intervention. It will also result in an expanded network of community-based services to support children's safe and healthy development in their own families and communities.

In each of the three focus areas, the SIP incorporates specific recommendations for improvement outlined in the Self-Assessment, as well as best practice strategies promoted by state and foundation supported child welfare initiatives. The SIP is intended as a blueprint for action in focused areas rather than the only vehicle through which systems change will be accomplished in the coming year. Recommendations for improvement contained in the Self-Assessment will be forwarded to existing planning and policy groups to guide work already in progress.

Specific content in the SIP was developed in July and August 2004 by three design teams, one focused on each priority area identified for improvement. Teams numbered 25-30 individuals, including members of the Redesign Oversight Committee and other mandated and recommended partners for Self-Assessment and SIP preparation. See Attachment 3 for a complete roster of team members.

Each team met three times over the course of one month. The meetings began with an overview of the C-CFSR, San Mateo County outcomes data, the Self Assessment and SIP planning processes, and CWS Redesign in an effort to provide education and background for the SIP planning process. Each team developed the goals, strategies, milestones contained in the SIP and suggested timeframes and assignments of responsibility for completing the work. Recommendations from the design teams were reviewed and approved by both HSA's internal committee of executives and child welfare program staff, and by the Redesign Oversight Committee. Public review and approval of the SIP by the County Board of Supervisors will occur on October 5, 2004. The Board Agenda item for presentation and approval of the SIP may be found in Attachment 4.

San Mateo County Human Services Agency has prepared a preliminary analysis estimating the level of resources required in FY 2004-05 to implement the SIP. A great deal of the work will be accomplished by redirecting current staff and budgeted resources. The cost of planned activities that will require new resources in excess of current allocations is estimated at \$1.4 million. Of this amount, \$600,000 will be funded through the current State Child Welfare Services Redesign allocation; funding for the remaining amount is being explored. It is anticipated that AB 1612, if passed by the State, may provide some additional State CWS Redesign funding for FY 2004-05. Foundation funding will also be sought for one-time and other appropriate costs. HSA will conduct further resource analyses as information on the status of the Redesign allocation becomes available from the state and specific implementation activities progress.

San Mateo County, System Improvement Plan
October 2004-September 2005

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| Outcome/Systemic Factor: Children are, first and foremost, protected from abuse and neglect. | | | | | |
| County’s Current Performance: In San Mateo County, 95% of families referred to CPS are not formally engaged in change-oriented services at the end of the 30-day response period. This is higher than the statewide average of 92%. While this statistic means San Mateo has a lower rate of substantiated referrals of child abuse and neglect than California as a whole, is also indicates a need to increase access to preventive and supportive services, particularly community-based resources for at-risk and vulnerable populations. | | | | | |
| Improvement Goal 1.0 Design and pilot three paths of differential response to reports of child abuse and neglect. | | | | | |
| Strategy 1.1 Design and pilot three paths of service response (differential response) in Daly City and Redwood City | | | Strategy Rationale ¹ Planning and piloting three paths of differential service response for families who become known to Children and Family Services will allow families to access preventive and support services before potential risk to child safety escalates to a level warranting CPS intervention. It will also stimulate development and expansion of the current service array through increased collaboration with community partners. | | |
| Milestone | 1.1.1 Design the operational structure for the three response paths and define scope of pilot implementation activities. | Timeframe | 3 months (12/30/04) | Assigned to | Differential Response workgroup (Health Services staff, community partners in pilot sites and HSA) |
| | 1.1.2 Provide orientation for HSA and community partner staff in pilot sites. | | 4 months (1/31/05) | | HSA Human Resources and Development training staff |
| | 1.1.3 Begin pilot implementation of differential response. | | 5 months (2/28/05) | | Health Services Agency Director, Children and Family Services Director |
| Strategy 1.2 Establish forum to develop and review differential response practice guidelines and protocols that promote holistic, family-centered team-based case planning and service delivery | | | Strategy Rationale Successful program implementation depends on a shared understanding and clear and consistent application of new policies and protocols. One way to accomplish this is to provide a forum for HSA staff and community partners to participate in development, review and refinement of policy and protocol. | | |

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| Milestone | 1.2.1. Determine stakeholders who should participate in forum; select co-chairs of group | Timeframe | 1 month (10/30/04) | Assigned to | Differential Response workgroup (Health Services staff, community partners in pilot sites and HSA) |
| | 1.2.2 Establish action plan for forum that defines purpose, structure, schedule, format, and members' responsibilities. | | 3 months (12/31/04) | | Forum Co-chairs |
| | 1.2.3 Develop, review and distribute policies and practice guidelines on an ongoing basis to support implementation of pilot. | | 9 months (6/30/05) | | Forum Co-chairs |
| Strategy 1. 3 Begin to develop multi-year project plan that addresses resources needed to move from pilot to full implementation | | | Strategy Rationale A multi-year project plan is needed to develop and track projections of referral response path activity, and corresponding shifts in current CPS caseload and service needs. The plan should also identify funds needed to support all aspects of system start-up, including building the service array, and methods of re-directing or shifting funds to community resources and community-based services over time. | | |
| Milestone | 1.3.1 Develop and analyze data on a. types of referrals b. availability of needed services c. service costs. | Timeframe | 7 months (4/30/05) | Assigned to | Human Services Agency (HSA) Research & Planning and Financial Services staff, Differential Response Workgroup |
| | 1.3.2 Assess capacity of current community-based partner organizations and non-traditional community associations and groups to provide needed services and identify resources needed to expand capacity. | | 9 months (6/30/05) | | Human Services Agency (HSA) Research & Planning and Financial Services staff, Differential Response Workgroup |
| | 1.3.3 Prepare draft plan and present to Redesign Oversight Committee for review and feedback. | | 12 months (9/30/05) | | Human Services Agency (HSA) Research & Planning and Financial Services staff, Differential Response Workgroup |
| Improvement Goal 2.0 Assure appropriate linkages to mental health assessment and mental health treatment services for children and families. | | | | | |
| Strategy 2.1 Assess capacity and availability of mental health services for children and their families. | | | Strategy Rationale Assessing availability of mental health services will not only generate a comprehensive list of available services but will also identify gaps in service areas. The assessment results will provide a better understanding of our existing service array that can help improve access to services by families at risk. | | |

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| Milestone | 2.1.1 Describe the available range of, and eligibility criteria for access to, mental health, dual diagnosis, and alcohol and other drug assessment and treatment services. | Timeframe | 3 months (12/30/04) | Assigned to | MH Services Director, Alcohol and Other Drug Services Administrator, Children and Family Services Director |
| | 2.1.2 Develop and disseminate information sheet on referral processes, eligibility criteria, and current capacity and availability of mental health, dual diagnosis, and alcohol and other drug assessment and treatment services. | | 6 months (3/30/05) | | MH Services Director, Alcohol and Other Drug Services Administrator, Children and Family Services Director |
| | 2.1.3 Prepare analysis of current linkages between mental health services, children and family services, and alcohol and other drug services, and submit report recommending improvements to Redesign Oversight Committee for approval. | | 7 months (4/30/05) | | MH Services Director, Alcohol and Other Drug Services Administrator, Children and Family Services Director |

Describe systemic changes needed to further support the improvement goal.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.
- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Improve methods of service contracting with public and private agencies: identify different contracting models, examine approaches used, tested, proposed in different San Mateo County departments or other counties; hold discussion with contracting partner agencies to obtain feedback on current contracting process (what does/doesn't work) and proposed models.
- Create formal mechanism for collaborative planning about service delivery among executive management staff of HSA, Health Services, Probation Departments and community partner agencies.
- Improve community cooperation and collaboration to achieve shared goals for children and families.
- Increase availability and affordability of child care.
- Increase availability of pre-school sites capable of serving children with behavioral difficulties.
- Increase availability and funding to support alcohol and other drug prevention and treatment services, especially gender appropriate service.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.

- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child welfare practice, protocol, roles and responsibilities.
- Training on working collaboratively, shared case management.
- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.
- Training on identifying risk, assessment, and family engagement.
- Training on confidentiality, HIPPA regulations, and appropriate use of releases.

Identify roles of the other partners in achieving the improvement goals.

All current stakeholders should engage their staff in this effort

All stakeholders and their staff should reach out to potential partners to communicate and gather support for implementing these system improvement goals, including:

Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.

- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Members of the media (e.g., special series of articles, ads).
- Law enforcement (neighborhood district offices, community programs and policing programs).
- Schools, with the focus on individual schools rather than the County Office of Education, and their after school programs.
- Churches; the faith community.
- Existing advisory boards and commissions.
- Parks and Recreation offices.
- Ethnic and cultural associations.
- Peninsula Community Foundation – its neighborhood grants program staff and grantees.
- Rotary, Kiwanis, Junior League, Elks and other clubs, associations.
- Homeowners' associations.
- Community/Neighborhood Businesses.
- Sports teams.
- Senior centers; many seniors provide child care for their relatives.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.

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| Outcome/Systemic Factor: Children have permanence and stability in their living situations without increasing entry into foster care. | | | | | |
| County's Current Performance: The percentage of children who re-enter care is higher in San Mateo County than the California average (12.8% versus 10.8%, respectively January 2004 quarterly report). While San Mateo has a higher percentage of children who are reunified with their families within one year than California as a whole (73.9% and 65.3% respectively, January report), the Self-Assessment indicated improved stability for children who return to their families can be achieved by increasing family and community participation in case planning and assuring that resources continue to be available to support families after children return home. | | | | | |
| Improvement Goal 1.0 Improve team-based case planning processes. | | | | | |
| Strategy 1. 1 Review, revise and implement policies and protocols for each type of team-based case planning to make priority, short-term improvements in operations. | | | Strategy Rationale¹ Policies and protocols are currently under review and should be revised as needed to reflect changes that support participation in case planning. Policies and protocols should also be reviewed to assure they are being fully implemented. | | |
| Milestone | 1.1.1 Develop, update and implement Team Decision-Making (TDM) protocols that enhance and build infrastructure to quickly schedule meetings, identify participants and confirm meeting attendance. | Timeframe | 3 months (12/31/04) | Assigned to | Children and Family Services Director |
| | 1.1.2 Develop and implement policies and protocols that identify and hold accountable the individual(s) responsible for making and implementing decisions made in TDM meetings. | | 6 months (3/31/05) | | Children and Family Services Director |
| | 1.1.3 Develop and implement policies and protocols for each meeting that reflect recommendations in team-based case planning report (Strategy 1.2). | | 12 months (9/30/05) | | Children and Family Services Director |
| Strategy 1. 2 Review how team-based case planning has been working and identify ways to increase participation and improve outcomes. | | | Strategy Rationale: San Mateo County has already implemented eight forums for team-based case planning (e.g., Team Decision Making, Permanence Committee, Placement Review Board, Family Self Sufficiency Teams, etc.). Reviewing the processes, resource needs, and results of team-based case planning will help identify practices that work most effectively to support stability for children and families. | | |

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| Milestone | 1.2.1. Review each type of case planning meeting and document: <ul style="list-style-type: none">a. current structure and function of eachb. strengths and barriers to effective operationsc. the relationship(s) between types of team meetings, with a special focus on continuity and information flow during transitionsd. availability of resources needed to support each team’s operations. | Timeframe | 6 months (3/30/05) | Assigned to | Children and Family Services Director |
| | 1.2.2 Develop and report data on number and types of cases heard and results of each type of team decision-making process. | | 6 months (3/30/05) | | HSA Business Systems Group & Research and Planning Unit |
| | 1.2.3 Prepare and present report to Oversight Committee that outlines: <ul style="list-style-type: none">a. streamline, consolidate and integrate team processesb. determine appropriate participantsc. improve quality and continuity of information flowd. coordinate different teams’ activities. | | 9 months (6/30/05) | | Children and Family Services Director |
| Strategy 1. 3 Assess needs of staff, community partners, parents, and youth for supports that increase stability for families after children return home from foster care. | | | Strategy Rationale Many factors affect successful reunification of children with their families. It is important that we learn whether there are specific ways to improve our practice and tailor services to better meet the needs of families in San Mateo County during the case planning and post-reunification process. | | |

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| Milestone | 1.3.1 Conduct historical and current analysis to identify factors related to children's return to foster care. Through case studies, the analysis will examine the process used to develop case plans (social work practice, policy and procedures), case plan content (services and support mechanisms), how case plans affect recommendations to the court, court orders, how court orders are used to support and reinforce case management activities, clients' understanding of case plans, and track available automated data on clients' progress. | Timeframe | 6 months (3/30/05) | Assigned to | Citizen's Review Panel, HSA Research & Planning Unit |
| | 1.3.2 Develop report with practice and system recommendations relating to how team-based case planning can help address factors affecting re-entry into foster care. | | 9 months (6/30/05) | | Citizen's Review Panel, HSA Research & Planning Unit |
| | 1.3.3 Begin to implement report recommendations. | | 10 months (7/31/05) | | Children & Family Services Director |

Describe systemic changes needed to further support the improvement goal.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.
- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Integrate evidence-based practice recommendations in all policies, protocols to support best practices in service delivery.
- Expand service network through greater involvement of new partners and non-traditional community resources that support children and families.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.
- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child welfare practice, protocol, roles and responsibilities.
- Training on working collaboratively, shared case management.

- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, and differential response protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.
- Training in team-based case planning and team-based decision-making participation and protocols.
- Training for community service partners in strength-based assessment and case planning skills.
- Training for social work supervisors that will encourage consistency in conducting assessments and applying decision-making criteria, especially in cases where children are returning home.

Identify roles of the other partners in achieving the improvement goals.

- Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.
- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Improve current contracting approach to support participation in team-based case planning.
- All participants' roles need to be clearly defined.
- All participants should reinforce sense of shared undertaking by communicating to others that they are part of the system.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.

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| Outcome/Systemic Factor: The family relationships and connections of children will be preserved as appropriate. | | | | | |
| County's Current Performance: Indicator 4B: In San Mateo County, more children are placed in group homes than the state average (19% versus 9%), and fewer are placed with relatives (26% versus 35%). This may be due to the fact that the share of San Mateo's children in foster care who are adolescents (56.5%) is higher than the percent of adolescents in the statewide caseload (47% on July 1, 2003). Experience shows it is more difficult to recruit kin and foster (resource) families to care for adolescents and children with behavioral problems. In the Self-Assessment, resource parents recommended several strategies that can help improve recruitment and retention efforts, and community members highlighted the need to develop additional resources and supports for adolescents. | | | | | |
| Improvement Goal 1.0 Improve supports for social workers, foster and kin parents, and birth parents to help keep youth in family care placements. | | | | | |
| Strategy 1. 1 Increase access to information about the child welfare system, including how it works, requirements, and available resources. | | | Strategy Rationale¹ The self assessment indicated a need for basic information about child and family serving systems. Specific requests for support included ways to contact other people when questions about how to support youth arise. Encouraging informal and formal communications can help families locate resources that will promote stability and access to appropriate support. | | |
| Milestone | 1.1.1 Develop and disseminate a guidebook on how to navigate children and family services, court, probation, mental health, and related community service networks which includes individuals to contact for information. | Timeframe | 6 months (3/30/05) | Assigned to | Public Information Officer |
| | 1.1.2 Increase availability of policies and protocols about child welfare services (e.g., on-line, during training, through Foster Parent Advocate, etc.). | | 7 months (4/30/05) | | Children and Family Services Director |
| | 1.1.3 Revise and update the foster parent handbook. | | 5 months (2/28/05) | | Foster Parent Association, Children and Family Services Director |
| Strategy 1. 2 Enhance resources needed by adolescents (pre- and post-emancipation) to support their placement in least restrictive care settings and preserve family connections. | | | Strategy Rationale Emancipating and emancipated adolescents have specific needs, as do the parents and relatives who care for them. Several initiatives have identified support needs that can promote permanent family placements and transition to successful independent adulthood. Further work must be done to coordinate these efforts; specifically, to develop supports identified as priorities. | | |

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| Milestone | 1.2.1 Improve coordination of comprehensive case planning for adolescents by integrating social workers responsible for adolescent services and long term care in one staff unit. | Timeframe | 9 months (6/30/05) | Assigned to | Children and Family Services Director |
| | 1.2.2 Conduct analysis of Wraparound Program and use of wraparound service strategies; identify resource and practice changes needed to help support and maintain youth in family placements; prepare and distribute report with recommendations for improvement. | | 6 months (3/31/05) | | MH Services Director, WRAP Program Team, Children and Family Services Director |
| | 1.2.3 Implement program strategies that establish lifelong adult connections for youth participating in the Independent Living Skills program. | | 9 months (6/30/05) | | Youth to Adult Transition Team (MH), Children and Family Services Director |
| Strategy 1. 3 Enhance resources needed by birth, kin, foster, and adoptive parents to support stable family connections. | | | Strategy Rationale Greater involvement between foster parents, kin caregivers and birth parents is needed to promote family connections. Encouraging shared responsibility for developing and accessing supports needed to achieve successful outcomes is one way to achieve this goal. | | |
| Milestone | 1.3.1 Develop and implement visitation policies and practice strategies that encourage foster parents to support children’s relationships with birth parents and extended family as appropriate. | Timeframe | 6 months (3/30/05) | Assigned to | Foster Parent Association, Children and Family Services Director |
| | 1.3.2 Develop and implement technical assistance for kin and non-relative extended family member caregivers to assist them in meeting licensing requirements and accessing permanence supports (guardianship, AAP, CalWORKs). | | 9 months (6/30/05) | | Kinship Support Services Program Director, Probation Placement Unit, Children and Family Services Director |
| Improvement Goal 2.0 Maintain existing and recruit new foster, kin, and adoptive homes. | | | | | |
| Strategy 2.1 Improve program to maintain and support resource families. | | | Strategy Rationale HSA and foster parents have begun to address the issues of greatest concern to foster parents and improve supports. However, more can be done to build a retention program that better addresses resource families’ concerns. | | |

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| Milestone | 2.1.1 Assess reasons foster families decide to foster, continue to foster, and stop fostering; analyze existing information; prepare report with recommendations for improvements. | Timeframe | 8 months (5/31/05) | Assigned to | Foster Parent Association, Children and Family Services Director |
| | 2.1.2 Develop and disseminate Foster Parent Bill of Rights. | | 4 months (1/31/05) | | Foster Parent Association, Children and Family Services Director |
| | 2.1.3 Develop responsibilities, duties of Foster Parent Advocate and financially support this function. | | 6 months (3/30/05) | | Foster Parent Association, Children and Family Services Director |
| Strategy 2.2 Recruit resource families who can meet adolescents' unique needs | | | Strategy Rationale Recruiting Resource Families within our county who can meet these needs will help preserve family connections and increase placement in the appropriate least restrictive care setting. | | |
| Milestone | 2.2.1 Develop method to consistently identify existing resource families (foster and kin) who would be willing to care for adolescents. | Timeframe | 4 months (1/31/05) | Assigned to | Foster Parent Association, Homefinding and Adoptions Units |
| | 2.2.2 Include foster parents and youth on recruitment teams that target communities where adolescents have family and social connections. | | 8 months (5/31/05) | | Foster Parent Association, Homefinding and Adoptions Units |
| | 2.2.3 Develop marketing materials that focus on adolescents and resources available to caregivers. | | 9 months (6/30/05) | | Public Information Officer |
| Strategy 2.3 Build stronger partnerships among foster families and social workers through holding facilitated conversations to achieve a shared understanding of the expectations that define the working relationships and culture of the child welfare system, and monitor whether these have been met. | | | Strategy Rationale In order to improve retention and recruitment of resource families, the organizational culture of the child welfare system must shift to promote true partnership. Preliminary work has already been done by CW social workers and foster parents to determine what will need to be changed, when, how and by whom. This strategy will build upon this work and serve as a model for culture change throughout the entire system. | | |

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| Milestone | 2.3.1 Convene a workshop to define the expectations for the partnership and develop measurable indicators that can be used to track changes over time. | Timeframe | 1 month (10/31/05) | Assigned to | Foster Parent Association, Children and Family Services Director |
| | 2.3.2 Convene at least two additional workshops focusing on developing concrete strategies for promoting positive interactions, for monitoring, and for holding individuals accountable to meeting expectations. | | 12 months (9/30/05) | | Foster Parent Association, Children and Family Services Director, Children and Family Services Staff |
| | 2.3.3 Conduct an assessment, based on the measurable indicators, of the extent to which stronger partnerships are established and a cultural shift is taking place, and distribute report of findings. | | 12 months (9/30/05) | | Children and Family Services Director |

Describe systemic changes needed to further support the improvement goal.

- Improve communications among all stakeholders in the child welfare system. A communications plan should be developed and implemented to increase access to information about the child welfare system; this could include establishing a list-serve for on-line communication among families, workers and others (e.g., policy updates, FAQ bulletin).
- Improve collaboration and service integration among County departments and community-based agencies serving same families.
- Build information technology capacity in County and community partner organizations to collect data and track outcomes.
- Develop cultural competence of all participants in children's service system.
- Develop strategies promoting use of blended, flexible funding to maximize resources for families with multiple needs.
- Strengthen working relationships/partnerships among families, community organizations and public agency staff (e.g., Human Services, Probation, Health, and Courts).
- Align reimbursement levels for AAP, foster care, guardianship, kinship care support.
- Improve access to adoption supports: assure post-adoption eligibility for benefits and financial support for adopted foster youth (medical assistance, school financial aid).

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Training on cultural competence – the impact cultural norms have on family engagement and participation in services.
- Training for service providers and family caregivers on understanding and managing behavioral challenges of abused, neglected children.
- Training for service providers and families on age-appropriate child behavior and child development.
- Training for all partners (e.g., birth parents, foster parents, kin caregivers, CWS staff, Court, Probation, Counsel, and the Sheriff's department) in child welfare practice, protocol, roles and responsibilities.
- Training on working collaboratively, shared case management.
- Training for service providers, partners, and families on CPS reporting, CPS function and child welfare services, differential response

protocols, particularly on how the system operates (legal requirements/timeframes) and case planning processes.

- Develop and provide training for families on how to support children/youth with special needs.
- Deliver training necessary to assure CWS staff, partners and families are clear about roles, responsibilities, and dispute resolution alternatives in each phase of child welfare case activity (referral/intake, placement, court hearings, case planning, reunification, adoption, emancipation).
- Increase access to training for birth parents, foster parents, kin caregivers, Court, Probation, counsel, and the Sheriff's department in child welfare practice, protocol, roles and obligations. Provide joint training sessions for above groups to improve understanding and collaborative practice.
- Develop technical assistance or training for parents and service provider staff on how to access educational supports for youth (e.g., IEPs, SSTs). Incorporate staff and resource parents. (The County Office of Education provides some of this training already).
- Develop and provide training for families on how to support adolescents (topics on dealing with difficult behavior, alcohol and drug use, sexual identity and orientation).
- Increase availability of training for service providers on child related issues - Child Development, Children with Mental Health Issues and Developmental Delays (including DSM IV), Infant/Child Abuse, Physical and Sexual Abuse (including terminology), Working with Adolescents and Teens, Transgender Identity).
- Increase availability of training for service providers on parent related issues – working with foster parents as allies, Difficult Situations with Parents; parenting skills.
- Y.O.U.T.H. Training (developed by former foster youth for social workers, service providers).
- Resource parent training – tailor training to the specific needs of foster and foster-adopt parents (target the audience).

Identify roles of the other partners in achieving the improvement goals.

- Greater involvement from healthcare providers/practitioners, Mental Health, AOD, and schools in case planning processes.
- Churches or faith-based groups, such as Help One Child and Jeremiah's Promise, can support resource development for children, adolescents and parents.
- 4Cs (especially given their work in training license exempt child care providers) and pre-school programs can help support and should participate in team-based case planning.
- Include foster youth in MAPP training.
- Subgroups of foster parents who share similar interests (e.g., fostering adolescents, medically fragile children) should work more directly with FPA board, with the association as a whole, and with groups responsible for work in this plan.
- Youth should be more involved in all phases of implementing this plan.
- ACAT (Adolescent Collaborative Action Team) can support resource development for adolescents.
- Community-based organizations, especially those serving teens, should be involved in ongoing planning and implementation.
- Community colleges could conduct wider range of courses for foster parents, emancipating foster youth.
- CDSS must work with counties to help assure that resources and technical assistance are available, and that statutory changes are made to support this work.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Confidentiality and appropriate use of parental release forms.
- HIPAA implications.

- Foster home licensing requirements should be more flexible.
- Extend eligibility for Medi-Cal for adopted children.
- Extend eligibility for Education Financial Aid for adopted children.